

Exhibit A

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION
OPIATE LITIGATION | MDL No. 2804
This document relates to: | Case No. 17-md-2804
Jennifer Artz v. Endo Health | Judge Dan Aaron Polster
Solutions Inc., et al. |
Case No. 1:19-OP-45459 |
Darren and Elena Flanagan v. |
McKesson Corporation, et al. |
Case No. 1:18-OP-45405 |
Michelle Frost, et al., v. |
Endo Health Solutions Inc., |
et al. |
Case No. 1:18-OP-46327 |
Walter and Virginia Salmons, |
et al., v. McKesson |
Corporation, et al. |
Case No. 1:18-OP-45268 |

VIDEOTAPED DEPOSITION OF
DR. KANWALJEET ANAND, M.D.

January 28, 2020

Chicago, Illinois

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23 ALSO PRESENT:

24 Mr. Kevin Duncan, Videographer

* * *

1 until you get there.

2 A. Yes.

3 Q. And it has an execution date of
4 December 8, 2019, correct?

5 A. That is correct.

6 Q. Is this document a significant work
7 product you submitted in this litigation in
8 December of 2019?

9 A. That is correct.

10 Q. When submitting this declaration,
11 did you have an understanding of what were the
12 requirements, not the subject matter but the
13 requirements of what goes in -- into the
14 declaration?

15 A. Yes, I did.

16 Q. Okay. What were your understandings
17 of those requirements?

18 A. My understanding was that this
19 declaration was requested in order to define a
20 class of individuals that had been damaged due
21 to opioid exposure during their prenatal period
22 through use by the mother, by the birth mother.

23 Q. Is this declaration intended to be a
24 complete statement of all the opinions you

1 intend to express related to NAS as risk
2 factors and as long-term consequences?

3 A. That is correct.

4 Q. And -- I apologize, go ahead.

5 A. I'd just like to direct your
6 attention to the last paragraph of this
7 declaration saying that:

8 With the Court's permission, I would
9 like to reserve the right to update this report
10 in order to reflect the accumulating scientific
11 and medical evidence as necessary.

12 Q. I appreciate the clarification,
13 Doctor.

14 At the time you submitted this
15 declaration, was it intended to be complete as
16 of that point in time?

17 A. Yes, it is.

18 Q. Do you have opinions you have formed
19 but chosen about NAS, its risk factors and it's
20 long-term consequences, that you have chosen
21 not to include in this declaration?

22 A. No. For the most part, this is an
23 accurate summary of my opinions.

24 Q. And let me ask the question slightly

1 differently:

2 Are there any opinions you've
3 already formed and intend to provide that you
4 chose not to include in this declaration?

5 A. I have reviewed additional evidence
6 that I became aware of and provided that
7 evidence as of January 24th, so other than its
8 relationship to the content of this
9 declaration, there was, you know, perhaps minor
10 changes, mostly semantic or of a minor nature
11 that may have occurred in the light of that new
12 evidence.

13 Q. The January 24, 2020, submission
14 that you're speaking of had substance additions
15 from your December 2019 declaration?

16 A. So the declaration itself has not
17 been changed, but the additional evidence that
18 I have reviewed may have affected my opinions
19 to a minor degree.

20 Q. Have you thought about whether or
21 not -- strike that.

22 Let me ask the question differently:

23 Have you thought about how the
24 additional evidence in 2020 has impacted any

1 specific opinions you've given in your
2 December 2019 declaration?

3 A. As I stated, this was probably of a
4 minor nature, simply confirming or adding
5 additional references, which was
6 related -- which is reported in those five
7 documents that I had e-mailed to counsel on the
8 24th.

9 MR. BILEK: And for the record, I
10 e-mailed them to Emily that day.

11 MR. EHSAN: Understood.

12 BY MR. EHSAN:

13 Q. I'm not suggesting that you did not
14 provide additional literature but my question
15 was simply:

16 To the extent you know that those
17 five articles have changed any of your
18 opinions, sitting here today, can you
19 articulate that? Or you may not know how it's
20 changed any of your opinions. I'm just asking
21 that question more generally.

22 A. Yeah, so, in general, like I said,
23 there has been no substantial change in my
24 opinions. Some of those opinions have been

1 validated and confirmed by the accumulating
2 data.

3 Q. To the extent that you have
4 references in this declaration and you provided
5 some additional supporting material, does that
6 collective body of citations represent a
7 complete list of all the external, meaning not
8 in your head from your training, information
9 you intend to rely on in supporting the
10 opinions you provide?

11 A. That is correct.

12 Q. Did you consider any facts or data
13 outside what's listed in your declaration in
14 forming your opinions?

15 A. Other than what's listed in the
16 references of this document, I relied on my
17 clinical experience.

18 Q. You didn't perform any data analysis
19 that's not identified in this declaration; is
20 that correct?

21 A. That is correct.

22 Q. Did you provide -- let me strike
23 that.

24 In connection with preparing your

* * *

1 neonatal opioid withdrawal syndrome are terms
2 used to denote a group of problems that occur
3 in children who are exposed to opioids or
4 opiate drugs in the mother's womb.

5 Do you see that?

6 A. Yes.

7 Q. What is your understanding of the
8 distinction between NAS and NOWS?

9 A. They're essentially the same thing.
10 There are -- they describe a clinical diagnosis
11 manifesting the signs and symptoms of opiate
12 withdrawal.

13 Q. Are opioids the only class of
14 medication that can cause an abstinence
15 syndrome in a child?

16 A. No, there are other classes of drugs
17 that can cause an abstinence syndrome.

18 Q. And those abstinence syndromes,
19 would they present in a clinically unique way
20 that's distinguishable from opioid withdrawal
21 syndrome in a neonate?

22 A. Yes, to a great extent, they would.

23 Q. Are there any other characteristics
24 that overlap between abstinence syndrome from

1 opioids and abstinence syndrome from some other
2 drug of abuse?

3 A. There may be some overlap.

4 Q. So just because a neonate is
5 diagnosed with NAS doesn't necessarily mean the
6 birth mother had mild, moderate or severe OUD,
7 correct?

8 A. So the birth mother may not have an
9 opioid use disorder, may have been prescribed
10 opiates for a particular condition, which then
11 exposed the fetus to significant levels and
12 durations of opiates and resulted in NAS
13 manifesting after birth.

14 Q. The diagnostic approach to a neonate
15 and whether or not that neonate has NAS is
16 distinct from the diagnostic approach to the
17 mother and whether the mother has OUD, correct?

18 A. That is correct.

19 Q. Do you have, sitting here today, an
20 opinion as to what the minimum exposure would
21 be necessary to cause a neonate to undergo an
22 abstinence syndrome from the maternal exposure
23 to an opioid?

24 A. There is no minimum exposure.

* * *

1 Q. Now, you mentioned this is a
2 clinical diagnosis.

3 Do you -- is that to distinguish it
4 from a laboratory diagnosis or a radiological
5 diagnosis?

6 A. That is correct.

7 Q. So, for example, in diabetes, if you
8 have two hemoglobin A1Cs greater than 6 1/2 and
9 3 months apart that would be sufficient to make
10 the diagnosis of diabetes, correct?

11 A. That is correct.

12 Q. And here, you want 8 numbers on here
13 or a total score of 8, at least four hours
14 apart though we are not sure how -- what the
15 other end of the spectrum is, correct?

16 A. That is correct.

17 Q. You have to get the 8 points the
18 same way, i.e., do you have to check off the
19 same boxes in that 4-hour interval?

20 A. No, no. The way this is set up
21 is -- is you reach a score of 8 because the
22 pattern of NAS changes as time goes on.

23 Q. So you may, at Time Interval 1, you
24 may score 8, let's say with just a GI -- well,

1 yeah, you get to just a GI stuff. You could
2 score an 8 just for the GI stuff, GI
3 symptomatology, and on Time Interval 2, you
4 could score 8 for the central nervous system
5 disturbances?

6 A. Yeah.

7 Q. Now, I'm just going to specifically
8 ask about a couple of these. Here's a -- the
9 first one is high-pitched cry.

10 Do you see that?

11 A. Yes, I do.

12 Q. Is that specific to opioid
13 withdrawal?

14 A. It is indicative. It's not
15 pathognomonic. It's not -- you can get a
16 high-pitched cry from, say, other conditions,
17 like there's a Cri du chat syndrome, which is a
18 genetic disorder which has a high-pitched cry,
19 or there are other conditions that lead to a
20 high-pitched cry.

21 Q. Sleeping less than an hour after
22 feeding, is that specific to opioid withdrawal?

23 A. No, it's not specific to opioid
24 withdrawal.

1 Q. How about sleeping less than two
2 hours after feeding?

3 A. Not specific either.

4 Q. How about sleeping greater than
5 three hours after feeding?

6 A. That is not specific either.

7 Q. Fever of -- so going down to the
8 next section, Metabolic Disturbances, fever of
9 37 point -- or 38.3, is that something you
10 can -- a child can have without being exposed
11 to opioids?

12 A. Yes, they can.

13 Q. Fever greater than 38.4?

14 A. Yes.

15 Q. How about nasal stuffiness?

16 A. Yes, they can have that from some
17 other cause.

18 Q. Can a child sneeze greater than
19 three to four times without having been exposed
20 to opioids?

21 A. Yes, they can.

22 Q. How about -- how about nasal
23 flaring?

24 A. They can have nasal flaring from

1 other causes.

2 Q. There's in fact a series of diseases
3 that a mother can pass on to a child that are
4 pneumonically called the TORCH syndromes,
5 correct?

6 A. That is correct.

7 Q. And some of those TORCH syndromes
8 could also cause some of the symptoms that are
9 described here, correct?

10 A. That is correct.

11 Q. So is it possible for a child
12 without any opioid exposure, by just having the
13 right combination of symptoms, and putting
14 aside the likelihood of whether that occurs or
15 not, but is it possible for a child to hit
16 8 points on this scale without ever having been
17 exposed to opioids?

18 A. It is possible, yes.

19 MR. EHSAN: So I don't have any more
20 questions for you, Doctor. I appreciate
21 your time and your patience with me today.
22 I will only say that -- that I've been told
23 that we are going to get a copy of your --
24 an additional publication that was from

* * *

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